



ERIE COUNTY STOREFRONT REVITALIZATION PROGRAM

APPLICATION

A. Applicant Information

Name of Applicant: _____

Address of Applicant: _____

Email Address: _____

Telephone number: (days) _____ (evenings) _____

I am: ☐ MBE Certified Business ☐ WBE Certified Business

☐ Service-Disabled Veteran-Owned Small Business

I am the: ☐ Building Owner ☐ Building Tenant

Note – If you are a Building Tenant, and not the Building Owner, you may still apply for grant funds. You will need to attach your current Lease agreement with the Building Owner. You will also be required to submit the attached (Addendum A – Owner Consent Form) signed by the Building Owner which will allow you to make improvements through this program.

B. Business and Property Information

1. Name of Business: _____

2. Address of Business to be improved: _____

3. Age of building: _____

4. How long has business been in operation: _____

5. Is building listed on State/National Register of Historic Places, or located near to/within a Historic District (if yes, please describe)? _____

6. Circle One if Applicable: Are you submitting this application in coordination with a) other tenants in the same building, or b) other businesses in the same commercial corridor?

7. Type of business - Circle one:
C-Corp, S-Corp, LLC, LLP, Partnership (JV, Gen, Limited), Sole Proprietorship
Other, Please Explain: _____
8. Primary Service Area & Clientele of Business (be as specific as possible, include whether business relies on walk-in customers, on-line sales, etc...)

9. Are there any other owners listed on the current deed: ____ Yes ____ No
10. Section, block and lot number of property (SBL) (can be found on your property tax bill): _____
11. If you are a tenant, when does your Lease expire? _____
12. Business Website: _____
13. Are there any Building, Zoning, or Sign Code Violations (if yes, please specify)?

C. Financial Information

1. Is there a mortgage? _____ If yes, are payments current? _____
Who holds the mortgage? Name: _____
Address: _____
2. Gross Annual Revenue from the 2019 and 2020 Tax Returns: \$ _____

3. Are there any liens, other than the above listed mortgage? _____ Yes _____ No
If yes, describe. _____
4. Taxes and Municipal services for the property to be improved under the Storefront Revitalization Program:

Are property taxes paid to date? _____
Are sewer and water charges paid to date? _____
Is the property insured? _____ Yes _____ No
If yes, is it paid to date? _____ Yes _____ No
5. Do you have any pending bankruptcy or liability claims? ____ Yes ____ No

D. Proposed Improvements

Please select all the exterior improvements you wish to make to the building façade. Please note, all improvements must be visible from the public right-of-way.

_____ Signage	_____ Windows/Doors	_____ Roof Replacement
_____ Painting	_____ Masonry/Brick Repair	_____ Lighting
_____ Awnings	_____ Correct Building Code Violations (List Below)	_____ Planters/Benches/Bike Rack/Landscaping
_____ ADA Improvements (Handicap Accessibility)		

Other: Please Specify: _____

Estimated Cost of Improvements: \$ _____

Brief Project Description (please include proposed colors, materials, dimensions, etc...):

[illegible]

E. APPLICATION CHECKLIST

Complete this checklist to ensure all required documents are included.

Please name your upload file <BUSINESS-FORM NAME> before attaching.

Incomplete applications will not be considered.

<input type="checkbox"/>	COPY OF DEED FOR PROPERTY (only for OWNERS who are applying)
<input type="checkbox"/>	CURRENT LEASE AGREEMENT (only for TENANTS who are applying)
<input type="checkbox"/>	PROPERTY TAX RECEIPT EVIDENCING TAXES ARE CURRENT
<input type="checkbox"/>	COLOR PHOTOGRAPHS (<u>MAXIMUM 2</u>) SHOWING ENTIRE FRONT OF BUILDING, AS WELL AS DETAIL PHOTOGRAPHS OF PROPOSED AREAS OF WORK (Maximum file size is 4MB EACH)
<input type="checkbox"/>	PROOF OF BUSINESS LICENSE/PERMIT/REGISTRATION/CORPORATE STRUCTURE DOCUMENTATION
<input type="checkbox"/>	PROOF OF INSURANCE
<input type="checkbox"/>	PROOF OF GROSS ANNUAL INCOME OF LESS THAN \$5 MILLION FROM EACH 2019 AND 2020 TAX RETURNS
<input type="checkbox"/>	PROOF OF EMPLOYEES PAYING PAYROLL TAXES AS OF 3/17/2020 -OR- SELF CERTIFICATION AFFIDAVIT IF NO EMPLOYEES
<input type="checkbox"/>	SIGNED “ADDENDUM A – OWNER CONSENT FORM” (for TENANTS Only)
<input type="checkbox"/>	IF APPLICABLE, COPY OF M/WBE CERTIFICATION AND/OR VETERAN OWNED BUSINESS CERTIFICATION

Documents to be Submitted if Available/Applicable (NOT REQUIRED at time of Application) – 4MB Maximum File Size

- ✓ COPIES OF ANY QUOTE/ESTIMATES/DRAWINGS OF PROPOSED WORK
- ✓ ANY RELEVANT HISTORIC BUILDINGS PHOTOS IF AVAILABLE

F. Certifications

1. Ownership

I/we hereby certify that I/we own the property to be improved. A COPY OF MY/OUR DEED IS ENCLOSED WITH THIS APPLICATION. In the case of a Tenant, A COPY OF THE ATTACHED (Addendum A – Owner Consent Form) SIGNED BY THE BUILDING OWNER IS ENCLOSED WITH THIS APPLICATION. If any changes in ownership should occur from this date forward, I/we agree to notify the Erie County Department of Environment and Planning immediately. Failure to do so may result in denial or termination of Program participation.

2. Application Information

To the best of my/our knowledge, all of the application information I/we have provided is true and correct. I/we understand that any willful misstatement of material fact will be grounds for disqualification. The County of Erie is hereby granted permission to verify any of the information in the application in any appropriate manner.

3. Property Taxes and Municipal Services Charges

I/we understand that all property taxes and charges for water and any other County services must be paid for the property to be improved with Storefront Revitalization Program resources and for all other properties in the County of Erie owned wholly or in part by me/us. I/we understand that no Program contracts will be signed unless all taxes and service charges are current.

4. Contracts

I/we understand that any contract for the Storefront Revitalization Program will be between the contractor and myself/ourselves and I/we should **NOT SIGN ANY CONTRACT FOR WORK UNDER THIS PROGRAM UNTIL AUTHORIZED TO DO SO IN WRITING BY THE COUNTY OF ERIE**. I/we understand that the receipt of Storefront Revitalization Program assistance is subject to satisfactory completion of the approved work. I/we also understand that the County of Erie is not responsible or liable for any breach of contract, faulty workmanship, accidents, liability or damage which may arise from my/our relationship with the contractor. I/we further understand that the Contractor cannot begin work on my/our property until a **WRITTEN NOTICE TO PROCEED** is issued to me/us and the Contractor by the County of Erie. The Notice to Proceed will be provided when all conditions are met and necessary approvals received.

I/we understand that I/we will solicit contractor estimates for the Storefront Revitalization Program. I/we understand that if I/we choose a qualified contractor who is not the lowest bidder, I/we are required to obtain from the project architect a written summary justifying the desired selection.

I/we understand that the cost of any changes to the construction documents by the Project Architect shall be my/our responsibility. The County shall have no obligation to pay for such costs.

5. Project Architect

I/we understand that a Project Architect may be designated by Erie County to prepare plans and specifications for proposed improvements to my/our property. I/we further understand that the Project Architect will ensure consistency between the plans/specifications and work undertaken.

Business Owner

Date

6. Mail in Application If Needed To:

Prospect Hill Consulting LLC
682 Columbus Parkway
Buffalo, NY 14213-2411

**PLEASE DO NOT SUBMIT BOTH AN ONLINE AND MAILED-IN APPLICATION.
DUPLICATE SUBMISSIONS WILL BE DENIED.**

Building Owner Consent Form

PLEASE NOTE THAT THIS FORM MUST BE COMPLETED BY ALL INDIVIDUAL OWNERS THAT ARE LISTED ON THE BUILDING DEED

Notary Public

Payroll Self-Certification Form

Notary Public